

State of California—Health and Human Services Agency
Department of Health Services



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Director



GRAY DAVIS
Governor

May 6, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No.03-24
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: MEDI-CAL SENATE BILL (SB) 87 REDETERMINATION PROCESS
FOR ALL DISCONTINUED SSI/SSP BENEFICIARIES AS
ORDERED IN THE *CRAIG v. BONTÁ* LAWSUIT
(Reference: All County Welfare Directors Letters Nos.: 01-36,
01-39, 02-40, 02-45, 02-48, 02-54, and 02-59)

This All County Welfare Directors Letter (ACWDL) expands upon the previous Medi-Cal redetermination instructions pertaining to Senate Bill (SB) 87 (Chapter 1088, Statutes of 2000) to include beneficiaries who are discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP). This is a result of the court approved *Craig v. Bontá* (*Craig*) State Implementation Plan. The SB 87 Redetermination Procedures being implemented for beneficiaries losing SSI/SSP are the same as those that have already been implemented for other Medi-Cal beneficiaries.

The judge in the *Craig* lawsuit prohibited the Department from terminating, on or after June 30, 2002, the Medi-Cal benefits of beneficiaries discontinued from SSI/SSP on or after June 30, 2002, except for those beneficiaries discontinued due to death or incarceration. As an extra security measure to ensure these beneficiaries continue to receive full-scope, no share-of-cost Medi-Cal coverage, the Department has been overriding any county action to discontinue coverage or to change eligibility to any other aid code on the Medi-Cal Eligibility Data System



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(MEDS) for each month since June 2002. The *Craig* beneficiaries will remain eligible in the new aid codes identified below until an SB 87 Redetermination is reported to MEDS.

SB 87 REDETERMINATION PROCESS

The SB 87 Redetermination Process consists of three steps. The county must follow each step sequentially until the beneficiary's continued Medi-Cal eligibility or ineligibility is accurately determined.

Step One - Ex parte Review

As previously instructed in ACWDL No. 02-59, the first step in the SB 87 process is the *ex parte* review. *Ex parte* means without beneficiary contact. This review involves evaluation of all sources of information available to the county to make a Medi-Cal redetermination. All information sources reasonably available to the county include information from the Social Security Administration (SSA) State Data Exchange (SDX) information on MEDS, also Medi-Cal, Food Stamps, General Relief/Assistance, Foster Care, and CalWORKS case files of the beneficiary or any one of his or her immediate family members, which are open or were closed within the last 45 days. The counties are also to use, wherever feasible, other sources of relevant information, including Income Eligibility Verification System (IEVS).

The Department displays more than 60 different fields of SDX information from the SSA on the MEDS inquiry screens, predominately the INQX screen. The SDX income information provides a good starting point in the initial *ex parte* review.

If the county cannot establish continued Medi-Cal after the *ex parte* review, the county is required to complete Step Two.

Step Two - Direct Contact

As previously instructed in ACWDL No. 02-59, if continued Medi-Cal eligibility cannot be established by *ex parte* review, the county must attempt to contact the beneficiary by telephone. The beneficiary's telephone number is displayed on the MEDS address inquiry (INQA) screen. If it is not available on the INQA screen, or the telephone number is incorrect then other county resources must be used.

The county should inform the beneficiary that his/her Medi-Cal eligibility is being redetermined and more information is needed to confirm continued eligibility. The county should further inform the beneficiary that his/her continued eligibility can be

established under various avenues of eligibility, including an allegation of disability (refer to ACWDL 01-36).

As previously explained in ACWDL No. 02-59, if telephone contact with the beneficiary establishes continued Medi-Cal eligibility, then Step Three is not required. If the telephone contact with the beneficiary establishes ineligibility for the Medi-Cal program, and all avenues of continued Medi-Cal eligibility have been exhausted, including the allegation of disability, then Step Three is not required.

If the county's efforts to obtain the information necessary to redetermine eligibility after *ex parte* review and telephone contact have failed, then Step Three is required.

Step Three - The Request for Information Form (MC 355)

As previously instructed in ACWDL Nos. 01-39 and 02-59, the county shall send the MC 355 form to the beneficiary which asks for information to establish continued Medi-Cal eligibility after the *ex parte* review and telephone contact have been unsuccessful. The form shall highlight only that information needed to complete the eligibility determination. Counties are precluded from requesting information that has previously been provided, is not subject to change, or is not necessary to complete a Medi-Cal eligibility redetermination. A copy of the MC 355 is included in ACWDL 02-48.

REQUEST FOR INFORMATION (MC 355) TIMELINES

The beneficiary has no less than 20 days to respond to the MC 355 form.

If the beneficiary does not return the completed form to the county within 20 days of the date the county mailed the form, the county must send the beneficiary a written notice of action stating that his or her eligibility shall be terminated 10 days from the date of the notice and the reasons for that determination, unless the beneficiary submits a completed form prior to the end of the 10 day period.

If the beneficiary submits an incomplete MC 355 within 20 days, the county shall attempt to contact the beneficiary by telephone and in writing to request the necessary information. If the beneficiary does not supply the necessary information to the county within 10 days from the date the county contacts the beneficiary in regard to the incomplete form, a 10-day notice of termination of Medi-Cal eligibility shall be sent.

If the MC 355 form is returned within 30 days of termination, eligibility will be determined as though the form had been submitted in a timely manner. If found eligible, the termination will be rescinded.

NOTICE OF ACTION

If SSA informs the Department if the beneficiary lost SSI/SSP because of a loss of contact then the MC 355 must still be sent following the *ex parte* review and direct contact steps. If the county receives the MC 355 marked as undeliverable, the county shall send a notice of action to terminate Medi-Cal eligibility.

If the facts clearly demonstrate that a beneficiary cannot be eligible for Medi-Cal due to an event such as death, loss of California residency or incarceration, eligibility shall be terminated without an SB 87 Redetermination. The SDX file indicates if a beneficiary has died, moved out of the state or is incarcerated. The Department will discontinue these beneficiaries at the State level and send the appropriate notice of action.

If the county receives a written request from the beneficiary to discontinue Medi-Cal benefits, then the county does not have to do an SB 87 Redetermination. Other situations in which a county would not perform an SB 87 Redetermination are identified in ACWDL 01-36.

TIMEFRAMES FOR IMPLEMENTING AN SB 87 REDETERMINATION PROCESS

Counties will have two months beginning May 1, 2003, to train staff and an additional six months beginning July 1, 2003, to complete the SB 87 Redetermination process on all the SSI/SSP discontinued backlogged cases that have been receiving Medi-Cal benefits since June 2002. All backlogged cases must be processed by January 1, 2004.

SSI/SSP cases that are discontinued after July 1, 2003, must receive a timely SB 87 Redetermination. All cases will remain eligible each month, under a State controlled aid code, until the county can complete the SB 87 Redetermination process as required in Welfare and Institutions Code §14005.37.

REPORTING AND MONITORING EFFORTS

The Department is committed to providing the court and/or petitioners' counsel with quarterly reports on the status of each activity listed in the *Craig* State Implementation Plan. These reports will provide the status of each activity,

including when problems or delays transpire and when action is needed to address them.

The Department considers the timeframes established for working the backlogged cases to be important, therefore, we will be actively monitoring the number of cases remaining in three new State controlled aid codes. The beneficiaries in these aid codes will receive continuous Medi-Cal coverage, until the county completes the SB 87 Redetermination process and sends the appropriate transaction to MEDS to discontinue eligibility or continue eligibility in another program aid code on MEDS.

The Department's Program Review Section will also be conducting some focused reviews in selected counties to confirm that the discontinued SSI/SSP beneficiaries are receiving an SB 87 Redetermination in accordance with Welfare and Institutions Code §14005.37. Typically this Review Section oversees the counties' administration of the Medi-Cal Program and determines whether the State and Federal law, policies and regulations are being followed. The results of these focused reviews will be shared with the court and/or petitioners' counsel.

NEW AID CODES

The *Craig v. Bontá* lawsuit resulted in the Department creating three new (State-controlled) MEDS aid codes for the aged, blind, and disabled population losing their SSI/SSP-based Medi-Cal. Medi-Cal beneficiaries who have been discontinued from SSI/SSP, except for those beneficiaries who are appealing SSA findings of no longer disabled, or persons discontinued due to death or incarceration will be moved into one of the following three aid codes on MEDS by May 2003:

- 1E *Craig* Continued Eligibility for the Aged
- 2E *Craig* Continued Eligibility for the Blind
- 6E *Craig* Continued Eligibility for the Disabled

Once *Craig* redeterminations begin, beneficiaries who have moved out of state will be among those excluded from these aid codes.

CRAIG RECORDS

Upon opening a *Craig* case record on MEDS, the Medi-Cal Information Inquiry (INQM) screen will display an extended eligibility status code ending in 6, a notice type 87, and a government responsibility code of "3" (terminated Federal record).

The county case serial number in the county identification number (County-ID) field will begin with "9" followed by the MEDS-ID (Social Security Number).

MEDS TRANSACTIONS

Medi-Cal eligibility on MEDS will be continuous for beneficiaries placed in the *Craig* aid codes until the county sends the required online or batch transaction to MEDS to either discontinue or update the beneficiary's eligibility status.

Reporting the start of the SB 87 Redetermination Process to MEDS

Either a MEDS AP18 or AP20 transaction must be processed in order to report the date the county started working on the case.

Reporting the Outcome of the SB 87 Redetermination to MEDS

There are no special transaction entries required to change a *Craig* aid code to another program aid code. If the beneficiary is found eligible for Medi-Cal after completing the SB 87 Redetermination, the county will report the eligibility to MEDS as any other newly determined eligible beneficiary is reported. MEDS will recognize the existing *Craig* eligibility on the record and post the new county reported eligibility accordingly. After the aid code changes, the MEDS government responsibility code that identifies which entity has primary responsibility for the case will also change from a code "3" (Terminated Federal Record) to a code "1" (County Welfare Department Controlled).

If the beneficiary is found to be ineligible for Medi-Cal after processing the AP18 or AP20 transaction and completing the SB 87 Redetermination, the county will use the MEDS AP34 or EW34 transaction to report the outcome. This will ensure the county determination and the date the notice of action was sent to the client will be updated on MEDS. Following the 10-day notice requirements, the *Craig* eligibility will be discontinued. If the county has not already sent a MEDS AP18 or AP20 transaction, as indicated above, then a MEDS AP18 or AP20 transaction must be sent. The MEDS AP34 or EW34 transaction is not necessary at this point as long as the eligibility outcome is included in an AP18 or AP20 transaction.

COUNTY REPORTS

The Department has continued to send the former *Ramos v. Myers* reports and the Pickle, Disabled Adult Child, Disabled Widow(er)s and the No Longer Disabled reports to counties. These "old" reports are being used to track the ongoing cases

and/or to set up tickler files in an effort to help prepare counties for the large number of backlogged cases that have been eligible for Medi-Cal under *Craig v. Bontá* since June 2002. After the Department moves the discontinued SSI/SSP backlogged cases into the new *Craig* aid codes, the "old" *Ramos v. Myers* report and the "old" Pickle, Disabled Adult Child, Disabled Widow(er)s, and the No Longer Disabled reports will be discontinued. References to any of these reports in the Medi-Cal eligibility procedures will be changed to the "new" "Exception Eligibles" report where appropriate.

The Department will send the "Exception Eligibles" tracking reports to counties on a monthly basis as the primary tool for working the *Craig* cases. All the beneficiaries in aid codes 1E, 2E, and 6E will be identified on this report. The report will be broken out to show the number of months the beneficiaries have been eligible for Medi-Cal since their discontinuance from SSI/SSP and the group the beneficiaries were associated with prior to discontinuance.

The "Exception Eligibles" tracking reports were originally designed to track cases that were the result of exceptional circumstances such as the *Edwards* and *Burman* lawsuit cases, the Accelerated Enrollment (AE) Breast and Cervical Cancer Treatment Program (BCCTP) and Single Point of Entry Child cases. The report has been expanded to include the *Craig* cases.

IDENTIFICATION OF GROUP CODES

The discontinued SSI/SSP groups will be tracked and identified by assigning special codes in the Pickle fields on MEDS. These codes are necessary because procedures for doing the Medi-Cal eligibility determination may require unique processing before or after the cases are moved into the *Craig* aid codes, for example, the No Longer Disabled, the Disabled Adult Child, the Disabled Widow(er)s, and the Pickle eligible populations. Since MEDS does not currently have the information necessary to identify beneficiaries who were receiving IHSS at the time they were discontinued from SSI/SSP, those beneficiaries will not have a unique Pickle status, but will have one of the Pickle Type codes identified below. The codes placed in the Pickle Type field and Pickle Status field on MEDS will allow the Department to track eligibility and to group beneficiaries on the county reports. The groups identified below will not be discontinued from Medi-Cal without first receiving a SB 87 Redetermination as required in Welfare and Institutions Code §14005.37.

The No Longer Disabled Group

Beneficiaries losing SSI/SSP eligibility on the basis that they are no longer disabled will continue to be placed in the Medi-Cal aid code 6N for three months to allow time for an appeal to SSA. If the appeal is filed within the three month period, the MEDS programming edits will register that an SSA appeal is in progress from the SDX file and will keep the beneficiary in the full-scope aid code 6N until the appeal process ends. If the beneficiary loses his/her appeal or the appeal is not filed within three months, MEDS programming logic will change the 6N aid code to a 6E aid code to ensure the individual will be reported on the new "Exception Eligibles" tracking report. Once these beneficiaries appear on this report, counties must complete a SB 87 Redetermination process. A code of "D" will be placed in the Pickle Type field on MEDS to identify this unique population. There is no special county eligibility determination for this group other than the SB 87 Redetermination Process.

The Disabled Adult Child Group

The Disabled Adult Child (DAC) will automatically be moved into aid code 2E or 6E. A code of "T" will be placed in the Pickle Type on MEDS to identify this unique population. Upon seeing the "T" on the MEDS record, counties will do an eligibility determination for the DAC program as part of evaluating the case under the SB 87 Redetermination Process.

The Disabled Widow(er)s Group

The Disabled Widow(er)s and surviving divorced spouses will automatically be moved into aid code 6E. A code of "W" will be placed in the Pickle Type on MEDS to identify this unique population. Upon seeing the "W" on the MEDS record, counties will do an eligibility determination for the Disabled Widow(er)s program as part of evaluating the case under the SB 87 Redetermination Process.

The Pickle Group

The aged, blind and disabled Pickle beneficiaries will automatically be moved into aid code 1E, 2E or 6E. A code of "C" will be placed in the Pickle Type on MEDS to identify this unique population. Upon seeing the "C" on the MEDS record, counties will do an eligibility determination for the Pickle program as part of evaluating the case under the SB 87 Redetermination Process.

All Others Discontinued from SSI/SSP Benefits

Beneficiaries losing SSI/SSP eligibility, who do not fall into one of the specific groups above, will automatically be moved into aid code 1E, 2E, or 6E and a code of "X" will be placed in the Pickle Type on MEDS. There is no special county eligibility determination for this group other than the SB 87 Redetermination Process.

The Long-Term Care Beneficiaries

Discontinued SSI/SSP beneficiaries who have entered into a long-term care facility should receive priority when working the backlog of cases to minimize their accumulation of nonexempt resources resulting from months of Medi-Cal eligibility at no share-of-cost. A new code of "L" will be placed in the Pickle Status on MEDS to identify the beneficiaries who were in long-term care upon discontinuance from SSI/SSP.

The Department is mailing a letter to the Administrator of all Medi-Cal Intermediate Care Facilities (ICF's) and Skilled Nursing Facilities (SNF's) informing them about the *Craig v. Bontá* lawsuit and the SB 87 Redetermination process. A copy of this Administrator letter has been enclosed as Attachment B. It may be sent by a county to any ICF/SNF that requests it.

STATE DATA EXCHANGE (SDX) INFORMATION

At the request of counties, the Department reviewed the SDX data file from the SSA. Approximately 90 percent of the current information the Department receives on the SDX data file is displayed on three of the MEDS inquiry screens. We found no additional information in this data file that will be useful to counties for the SB 87 Redetermination.

MEDI-CAL ANNUAL REDETERMINATION DATES

For all the backlogged cases, prior to July 1, 2003, the annual Medi-Cal redetermination date will be 12 months from the date the county actually determines the beneficiary's Medi-Cal eligibility.

For all other ongoing cases, from July 1, 2003, and forward, the annual Medi-Cal redetermination date will be 12 months from the date the beneficiary was discontinued from SSI/SSP.

INFORMATIONAL NOTICES

As soon as an accurate address has been identified, counties should ensure that *Craig* beneficiaries have copies of the standard Medi-Cal informational notices, including the MC 007 (Medi-Cal General Property Limitations), MC 219 (Rights and Responsibilities) and as appropriate, the DHS 7007 (Notice Regarding Standards for Medi-Cal Eligibility) and DHS 7007A (Notice Regarding Transfer of Home for Both a Married and an Unmarried Applicant/Beneficiary); so that they have necessary information about property and spenddown.

STATE HEARINGS AND APPEALS

The State fair hearing process set up to handle discontinued SSI/SSP recipients under the *Ramos v. Myers* settlement appeals process has been discontinued. All fair hearings will be conducted as any other Medi-Cal fair hearing; the county will need to prepare the position statements.

DEPARTMENT CONTACTS

The following Medi-Cal eligibility program specialists are available to discuss any program issues regarding:

<i>Craig</i> Lawsuit	Maureen McCreary	(916) 654-7564
Pickle, DAC, and Disabled Widow(er)s	Cecilia Kelley	(916) 657-0168
No Longer Disabled	Betty Mosher	(916) 654-0630
Long Term Care/Property	Sharyl Shanen-Raya	(916) 657-2942

TRAINING/COUNTY CONTACTS

As with any other changes to the Medi-Cal program, eligibility workers must be trained on the policies and procedures contained in this letter. County written materials including internal county policies and instructional materials must be updated to reflect these changes.

Every county should designate a contact person(s) whom stakeholders, advocates and others can contact for help with any problems or concerns which may arise regarding the *Craig* implementation and SB 87 Redetermination Process. Please submit this required information to Maureen McCreary by phone at (916) 654-7564 or by email at mmccrear@dhs.ca.gov or contact Debra Hader by phone at (916) 654-2279 or by email at dhader@dhs.ca.gov by July 1, 2003.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Attachments

ATTACHMENT A

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This document is intended to answer the questions that counties raised after reviewing the "draft" All County Welfare Director's Letter pertaining to the *Craig v. Bontá* (*Craig*) lawsuit. The Department's response is provided after each question.

1. Will names be included on the Exception Eligibles reports?

The client's name does appear on the Exception Eligibles reports.

2. Will each county be advised of the additional number of cases to be processed?

Counties will receive a monthly Exception Eligibles report which will include all the beneficiaries the Department placed in a 1E, 2E, or 6E aid code. This report is the official tool counties will use when working cases and processing an SB 87 Redetermination. The Exception Eligibles reports do provide information on the number of cases the county must process. Sample copies of the specific reports are enclosed as Attachment A1.

TIMEFRAMES

3. Many counties already have a hiring freeze in place. While counties may pay some overtime to get this task accomplished, it is unlikely that six months will be sufficient to complete all of the necessary work. The Senate Bill (SB) 87 process requires that these cases remain open through the second or third month following initial contact and request for information. The length of time that a review following SB 87 procedures requires should be taken into consideration in terms of county time frames. Given the SB 87 requirements and the limited number of staff that may be available to process these reviews, six months will be insufficient (e.g., San Diego County has in excess of 5000 *Craig* cases) to accomplish this task. We ask that counties be allowed 12 months to complete the *Craig* determinations.

While the SB 87 Redetermination Process can take up to 2-3 months, it often can be resolved in a short time by completing an *ex parte* or telephone contact.

The Department believes that six months is sufficient time in which to process the backlog of cases. We will monitor the backlogged caseload reductions on a month-to-month basis.

MEDS ISSUES

4. **Will counties be notified or receive a list of those beneficiaries the Department has terminated due to death, loss of California residency or incarceration?**

The counties will receive monthly Exception Eligibles reports that identify the beneficiaries entitled to a SB 87 Redetermination. The Department will not list those beneficiaries discontinued from SSI/SSP who are deceased, incarcerated, or residing in another state or country since there is no action required by the county.

5. **Have the new *Craig* aid codes been added to the buy-in process to ensure continued payment of Medicare premiums?**

By the time the counties begin the SB 87 Redeterminations, these new *Craig* aid codes will have been added to the State buy-in process to ensure continued payment of Medicare premiums.

6. **Have the new aid codes been added to Managed Care plans?**

In the interim, these beneficiaries will be on fee-for-service. Medi-Cal Managed Care Division (MMCD) will add the three *Craig* aid codes to their plan contracts. The inclusion of these aid codes in plan contracts is dependent on the time it will take for MMCD to complete their internal processing requirements and to make the contract and system changes necessary to assure continuous enrollment of affected current members. The aid codes will be added as "voluntary" for Two-Plan Model, Geographic Managed Care and Healthy San Diego contractors. For the eight counties served by the County Organized Health System, the aid codes will be designated as mandatory.

NO LONGER DISABLED

7. **When will the counties receive new processing instructions for the No Longer Disabled population?**

All the Medi-Cal Eligibility Manual procedures will be revised to include the new instructions on SB 87 Redeterminations. Currently, the No Longer Disabled population fall under the temporary order issued on June 24, 2002, in the matter of *Craig v Bontá*. This is discussed in more detail in ACWDL 02-45 and the attached *Craig* ACWDL.

SSP REDUCTION

8. **The section on the SSP Reduction process needs to be expanded. The SSP Reduction happened some time ago and some county representatives need a reminder of what happened as well as additional information on how this group should be processed.**

The SSP reduction group has special protection and since this group is not related to the *Craig* lawsuit, references to it have been removed from the *Craig* ACWDL.

STATISTICAL REPORTING

9. **Will counties be required to provide statistics on the backlog of cases (e.g., the number granted, discontinued)? Is there a chance this information will be required later, counties need to know now.**

The counties will not be required to provide statistics on the number of , beneficiaries granted or denied Medi-Cal eligibility. The Department will compile statistics on a month-by-month basis.

CONTACT ISSUES

10. **There will be few if any *ex parte* redeterminations due to this population being unknown to the county or associated with other programs such as CalWORKS, Food Stamps and information received from SDX is not helpful.**

All cases will require an SB 87 Redetermination Process. The *ex parte* step, the First Step in this process, may prove to be unproductive due to the lack of county files on this population. If the *ex parte* step fails to provide enough information, then the county must attempt to reach the person by phone. If the phone call does not provide enough information, then the MC 355 form shall be used. These sequential steps have been addressed in more detail in the ACWDL.

11. **MEDS currently does not provide the beneficiary's telephone number. Will MEDS be enhanced to include this information? If not, how do staff obtain the telephone number?**

The beneficiary's telephone number is on the MEDS "Address" Inquiry (INQA) screen, if the State Data Exchange (SDX) file provides it.

12. **If the *ex parte* and telephone contact have been insufficient to determine ongoing eligibility, and we have issued a MC 355 which has been returned**

with only part of the information we need, do we issue a follow-up request and allow another 10 days?

This question has been addressed in more detail in the ACWDL under Request for Information (MC 355) guidelines.

VERIFICATIONS

13. Will written verifications of income and property be required?

Yes. SB 87 allows the county to request the information and/or verification needed to complete the Medi-Cal redetermination. If the *ex parte* review and telephone contact with the beneficiary do not provide sufficient information to make an eligibility determination, the MC 355 form can be sent to the beneficiary to request additional information on income and property.

14. Will written verification of identity be required?

No. Written verification of identity is not required.

15. Assuming we are able to reach the individual by telephone, can eligibility be determined solely on the basis of telephone contact? The Medi-Cal file would contain only the eligibility worker's narration of the telephone contact. Do we need to obtain additional income and/or property verifications? If telephone contact and narration are sufficient, will Quality Control be advised that this is acceptable, so those counties will not be penalized later for lack of paper work?

Medi-Cal eligibility can be determined based on a telephone contact, if sufficient information has been obtained to complete the SB 87 Redetermination. If telephone contact does not result in sufficient nor requested documentation, then the MC 355 form can be sent.

The Department will generate data on the number of county redeterminations performed and their outcomes. The Department's Program Review Section will monitor county administration of the Medi-Cal Program according to State and Federal law, policies, and regulations. This Section will conduct focused case reviews in selected counties to determine if beneficiaries discontinued from Medi-Cal were terminated properly.

16. MEDS includes certain verification codes (e.g., Ref. Alien Indicator) for citizenship status. We have previously been told that we cannot use these

codes for Medi-Cal. Will counties be permitted to use the citizenship verification codes on MEDS for the *Craig* review?

Verification of citizenship is not required until the beneficiary receives an annual redetermination unless the reason for the SSI/SSP discontinuance was based on a change of citizenship/alien status. In such cases, the county must contact the beneficiary to obtain the most recent or current documentation, if available.

- 17. Will counties be permitted to use the income information on the INQX screen for the *Craig* review and assume it is correct?**

Yes. Income information reported on the MEDS INQX screen is applicable only to the SSI/SSP program and it can be used as an initial reference point for starting an *ex parte* review.

- 18. Under SB 87, we are only to inquire into those circumstances or areas of eligibility that have changed. If the beneficiary was discontinued from SSI for excess income or entry into long-term care, are we to assume the beneficiary is properly eligible?**

This question is discussed in more detail under Property Section starting with question number 26.

- 19. How will we determine coverage under Continuous Eligibility for Children (CEC) for a former SSI child without information on the SSI redetermination date?**

If it has been less than 12 months since the last SSI/SSP determination, the county should place the child in the appropriate CEC aid code and set the redetermination date for 12 months from the last SSI/SSP redetermination date. If the INQM screen on MEDS does not show a redetermination date, the county will have to contact the Social Security Administration to obtain this date. If, however, the child's most recent SSI/SSP redetermination was over 12 months prior to his/her discontinuance, there is no time left in the CEC "guaranteed" period, and a redetermination is necessary. Upon redetermination, a new CEC period, if appropriate, begins at that time.

EXCEPTION ELIGIBLES REPORT

- 20. Will the counties receive one initial report of beneficiaries in the backlog? Not every county has a record of every SSI person discontinued in the last nine months.**

Attached to this document are sample copies of four Exception Eligible reports that counties will receive each month. These reports are the tools that will assist counties in completing the SB 87 Redeterminations. They are identified as the Recipient List, the Statewide, the Organization, and Eligibility Worker Summary Statistics. These lists will include all beneficiaries who have lost their SSI/SSP benefits since June 1, 2002.

- 21. Is this report to be used as a tracking device? Prior experience has shown this report to be useless since it does not provide enough information (e.g., county worker number, and district). Will the report be revised to include this critical information?**

Yes. The report will be used for tracking and it is being revised. One of the county concerns expressed about these types of tracking reports is that they do not have the District and Worker information. Based on these concerns, which would also apply to the *Craig* beneficiaries with SB 87 Redeterminations pending, we are making changes to the "Exception Eligibles" reports to pick up the MEDS District and Worker information when a county has reported they are currently evaluating a client for Medi-Cal eligibility. When counties start working the *Craig* cases and report that information to MEDS, MEDS will use the county assigned district and worker information on the "Exception Eligibles" reports. To assist the counties processing cases in multiple offices, we will put a ZZZ in district location of the report and the last four digits of the beneficiary's zip code in the worker code of the report for those beneficiaries not showing a current county eligibility evaluation on MEDS. This will group the unassigned beneficiaries to facilitate determining which office should be handling the application.

The "Exception Eligibles" reports will contain all the *Craig* beneficiaries and within this report will be subgroups to identify individuals needing special eligibility determinations (e.g., Disabled Adult Children or Disabled Widowers) or who will require priority in receiving an SB 87 Redetermination (e.g., beneficiaries in Long-Term Care). These groupings should also help counties establish appropriate district and worker assignments for the SB 87 Redetermination of unassigned beneficiaries.

ATTACHMENT A

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22. **We recommend that you include process instructions for individuals who have moved out of the county after receiving the report. Will the original county or the new county of residence process the *Craig* redeterminations?**

When the original county receives the "Exception Eligibles" report and finds out the beneficiary has moved to another county, the original county will do an inter-county transfer to the new county. The new county will be responsible for the SB 87 Redetermination Process. These procedures are in ACWDL 03-12. The original county will also need to report the residence address change to MEDS so that the individual will appear in the new county's "Exception Eligibles" report.

23. **Will the report be issued based on the county of responsibility at the point the report is created or at the point the individual was discontinued from SSI and if an out-of-county address change is entered on MEDS, will the individual continue to appear on the original county's report?**

The report will be issued based on residence county if known to MEDS; otherwise, it will be based on responsible county at the time the report is created.

24. **If an individual, who has moved, has both *Craig* and Qualified Medicare Beneficiary (QMB) eligibility, will the individual be on the list for the county with the active QMB case?**

The county code associated with QMB eligibility may not be the most current county code, especially when the SSI/SSP county recently changed. We are modifying the EW55 transaction to allow counties to report to MEDS a change in the county of responsibility for any individual who moved from SSI/SSP to *Craig* eligibility. The residence county will be used if the information is on MEDS, otherwise; MEDS will determine which county will most likely be completing the SB 87 Redetermination.

FORMS

25. **What forms will be required for the *Craig* review, the MC 210 or MC 210RV, under any circumstances, or an MC 13, MC 219, DHS7077, DHS7077A, or a SAWS1 signed by the county?**

If the SB 87 Redetermination cannot be completed with the *ex parte* and telephone contact, the Request for Information Form (MC 355) should be used. A revised copy of the MC 355 is in ACWDL 02-48 and additional processing instructions on the form are in ACWDL 02-59 (Pages 12-16). No substitute forms are permitted.

ATTACHMENT A

Page 8

The MC 210, MC 210RV and SAWS1 are not appropriate under any circumstances.

The MC13 will be completed by a beneficiary only when there is a change in citizenship status.

Counties are instructed in this ACWDL on using the Information Notices, MC 007, DHS 7077, DHS 7077A and MC 219.

PROPERTY

26. Counties have questions on property, especially if the individual is in LTC.

Counties are instructed in the *Craig* ACWDL to send necessary informational notices so that beneficiaries have necessary information about property and spenddown. In all other respects, counties should evaluate the property eligibility of *Craig* beneficiaries as they would any other beneficiary receiving an SB 87 Redetermination. We direct your attention to Title 22, CCR, Section 50489.5(h) and ACWDLs 90-01, 90-50, 92-57, 97-41, 00-11, 00-29, 02-60.

If the SB 87 Redetermination Process has revealed that the individual may have excess property, counties should pursue standard procedures as reflected in ACWDLs 90-01 and 97-41 for spenddown or voluntary repayment of excess property pursuant to Medi-Cal Eligibility Manual Procedures, Section 16-I, in order to help the individual avoid a period of ineligibility.

For procedures regarding a disqualifying transfer, see ACWDLs 90-01, 92-52, 92-53, 92-57, 97-05, 98-08, and 00-11.

Counties must also inform beneficiaries in LTC of their ability to make voluntary payments of excess property in accordance with Medi-Cal Eligibility Manual Procedures, Section 16-I. Please note that the address provided in these procedures has changed. We are in the process of updating those pages of the Procedures Section to include the correct address:

Department of Health Services
Recovery Section – Overpayments Unit
P.O. Box 2471
Sacramento, CA 95812

- 27. How do we handle a situation where the nursing facility has “estimated” a share-of-cost and collected it each month?**

The nursing home must return the share-of-cost it collects, as there is no share-of-cost for beneficiaries covered under *Craig* until the county completes their re-evaluation of eligibility and sends a 10-day notice for any adverse action. This information is contained in the letter that the Department has prepared to the nursing facility administrators (Attachment B).

OTHER

- 28. The counties recommend that DHS develop and include a chart, which identifies each category of SSI discontinuance, the code, the potential aid types, the Pickle indicator codes, and any special information pertaining to the specific group.**

The Department intends to create an appropriate chart and provide it to counties at a later date.

- 29. Will you include a section on the treatment of *Craig* beneficiaries transferring into CalWORKS?**

When counties begin working their backlogged cases, they should immediately report all their pending CalWORKS eligibility to MEDS. These would be the former SSI/SSP beneficiaries who are also members of a CalWORKS case. If a significant number of these beneficiaries exist in your county and a MEDS reconciliation is not scheduled for the starting month of the *Craig* case processing, then the county may want to request that the Department schedule a special reconciliation process just to pick up the CalWORKS eligibility. This will remove the CalWORKS eligible beneficiaries automatically from the “Exception Eligibles” reports for the next month.

- 30. Is it our understanding that you are requiring an MC 215 when a *Craig* beneficiary requests discontinuance? This requirement should be referenced in the letter.**

The Department has been sending the MC 215 to *Craig* beneficiaries requesting discontinuance from Medi-Cal to monitor and document these specific cases and will continue to do so until such time that the court approves the Implementation Plan in the matter of the *Craig v. Bontá* lawsuit. When counties begin working the *Craig* cases, this form will no longer be necessary.

- 31. Is the *Lynch v. Rank* lawsuit still in effect? When you reference the “Pickle process” are you referring to the standard January procedures?**

Yes, the *Lynch v. Rank* order is still in effect. The individual must still meet all of the conditions of the Pickle Program. Pursuant to the *Lynch v. Rank* order, counties were to ensure that the eligibility redetermination on the “503 Leads” beneficiaries was completed prior to discontinuance. The State was responsible for keeping the “503” beneficiaries on Medi-Cal each year until April at which time it was the county responsibility to extend Medi-Cal eligibility until a redetermination was completed. However, under the *Craig v. Bontá* lawsuit, the beneficiaries will remain on Medi-Cal until the county does a redetermination. The counties are instructed to follow all SB 87 rules.

- 32. Will DHS terminate the record of beneficiaries who are out of the country (SSI termination reason N03)?**

The Department will terminate eligibility for any *Craig* beneficiary identified as residing out of the country.

Attachment A 1

RS-MED330-R100	(1)	STATE OF CALIFORNIA					(2)	RUN DATE: MM/DD/YYYY	
RENEWAL MONTH: MM/YYYY		DEPARTMENT OF HEALTH SERVICES						PAGE ZZZ,ZZ9	
	(3)	EXCEPTION ELIGIBLES TRACKING REPORTS						(4)	
		NUMBER OF CURRENT EXCEPTION ELIGIBLES (5)							
		BY CONSECUTIVE MONTHS OF EXCEPTION ELIGIBILITY							
		STATEWIDE SUMMARY STATISTICS							
	(6)	ELIGIBLES BY CONSECUTIVE ELIGIBLE MONTHS ==					(7)	(8)	
(9)		1	2-3	4-6	7-9	10-12	OVER 12	TOTAL	TOTAL
ORG/CATEGORY								>2 MO	ELIG

ALAMEDA									
EDWARDS-CNTY		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(10)		=====							
TOTAL EX ELIG		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
MEB									
BURMAN		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-BCCTP		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
		=====							
TOTAL EX ELIG		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(11)									
STATEWIDE TOTALS									
EDWARDS-CNTY		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-BCCTP		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
		=====							
TOTAL EX ELIG		ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9

RS-MED330-R200 (1) STATE OF CALIFORNIA (2) RUN DATE: MM/DD/YYYY
 RENEWAL MONTH: MM/YYYY DEPARTMENT OF HEALTH SERVICES PAGE ZZZ,ZZ9
 (3) EXCEPTION ELIGIBLES TRACKING REPORTS (4)
 NUMBER OF CURRENT EXCEPTION ELIGIBLES (5)
 BY CONSECUTIVE MONTHS OF EXCEPTION ELIGIBILITY
 ORGANIZATION SUMMARY STATISTICS

ORGANIZATION: XXXXXXXXXXXXXXXXXXXX

(9)	(6) === ELIGIBLES BY CONSECUTIVE ELIGIBLE MONTHS ==						(7) TOTAL	(8) TOTAL
DISTRICT/CATEGORY	1	2-3	4-6	7-9	10-12	OVER 12	>2 MO	ELIG
003								
EDWARDS-CNTY	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(10)	=====							
TOTAL EX ELIG	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
043								
EDWARDS-CNTY	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(11)	=====							
TOTAL EX ELIG	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
ORGANIZATION TOTALS								
EDWARDS-CNTY	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(11)	=====							
TOTAL EX ELIG	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9

Attachment A1

RS-MED330-R300 (1)		STATE OF CALIFORNIA (2)					RUN DATE: MM/DD/YYYY	
RENEWAL MONTH: MM/YYYY		DEPARTMENT OF HEALTH SERVICES					PAGE ZZZ,ZZ9	
(3)		EXCEPTION ELIGIBLES TRACKING REPORTS					(4)	
		NUMBER OF CURRENT EXCEPTION ELIGIBLES						
		BY CONSECUTIVE MONTHS OF EXCEPTION ELIGIBILITY						
		ELIGIBILITY WORKER SUMMARY STATISTICS (5)						
ORGANIZATION: XXXXXXXXXXXXXXXXXXXX							DISTRICT: XXX	
(9)		(6)					(7)	
=== ELIGIBLES BY CONSECUTIVE ELIGIBLE MONTHS ==							(8)	
EW/CATEGORY	1	2-3	4-6	7-9	10-12	OVER 12	TOTAL	TOTAL
							>2 MO	ELIG
XXXX								
EDWARDS-CNTY	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(10)	=====							
TOTAL EX ELIG	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
XXXX								
EDWARDS-CNTY	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
	=====							
TOTAL EX ELIG	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
(11)								
ORGANIZATION TOTALS								
EDWARDS-CNTY	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EDWARDS-MEDS	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
BURMAN	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SPE CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
AE-SLP CHILD	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
EE-BCCTP	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9
	=====							
TOTAL EX ELIG	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9

Attachment A 1

RS-MED331-R100 (1) STATE OF CALIFORNIA (2) RUN DATE: MM/DD/YYYY
 RENEWAL MONTH: MM/YYYY DEPARTMENT OF HEALTH SERVICES PAGE ZZZ,ZZ9
 (3) EXCEPTION ELIGIBLES TRACKING REPORTS (4)
 RECIPIENT LIST (5)

(6)
 ORGANIZATION: XXXXXXXXXXXXXXXXXXXX
 DISTRICT: XXX (7)
 REPORT CATEGORY: EDWARDS-CNTY (8)
 (9)

TOTAL MONTHS	(10) EW	(11) CASE OR CLIENT NAME	(12) COUNTY ID	(13) MEDS ID	(14) BIRTHDATE
XXX	XXXX	XXXXXXXXXXXXXXXXXXXX	XX-XX-XXXXXXX-X-XX	XXX-XX-XXXX	MM/DD/YYYY
XXX	XXXX	XXXXXXXXXXXXXXXXXXXX	XX-XX-XXXXXXX-X-XX	XXX-XX-XXXX	MM/DD/YYYY

(15)
 TOTAL NUMBER OF EDWARDS-CNTY RECIPIENTS = ZZZ,ZZ9

ORGANIZATION: XXXXXXXXXXXXXXXXXXXX
 DISTRICT: XXX
 REPORT CATEGORY: EDWARDS-MEDS

TOTAL MONTHS	EW	CASE OR CLIENT NAME	COUNTY ID	MEDS ID	BIRTHDATE
XXX	XXXX	XXXXXXXXXXXXXXXXXXXX	XX-XX-XXXXXXX-X-XX	XXX-XX-XXXX	MM/DD/YYYY
XXX	XXXX	XXXXXXXXXXXXXXXXXXXX	XX-XX-XXXXXXX-X-XX	XXX-XX-XXXX	MM/DD/YYYY

TOTAL NUMBER OF EDWARDS-MEDS RECIPIENTS = ZZZ,ZZ9

ORGANIZATION: XXXXXXXXXXXXXXXXXXXX
 DISTRICT: XXX
 REPORT CATEGORY: BURMAN

TOTAL MONTHS	EW	CASE OR CLIENT NAME	COUNTY ID	MEDS ID	BIRTHDATE
XXX	XXXX	XXXXXXXXXXXXXXXXXXXX	XX-XX-XXXXXXX-X-XX	XXX-XX-XXXX	MM/DD/YYYY
XXX	XXXX	XXXXXXXXXXXXXXXXXXXX	XX-XX-XXXXXXX-X-XX	XXX-XX-XXXX	MM/DD/YYYY

TOTAL NUMBER OF BURMAN RECIPIENTS = ZZZ,ZZ9

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
 Governor



California
 Department of
 Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.

Director

April 17, 2003

TO: All Long-Term Care Facility Administrators

SUBJECT: PROTECTION OF ZERO SHARE OF COST STATUS FOR MEDI-CAL
 BENEFICIARIES PROTECTED BY COURT ORDER IN *CRAIG v. BONTA*

The purpose of this letter is to inform you of a change in Medi-Cal eligibility procedures. This change is a result of Senate Bill (SB) 87 (Chapter 1088, Statutes of 2000) that added Section 14005.37 to the Welfare and Institutions (W & I) Code. This Section stipulates that whenever a county receives information about changes in a beneficiary's circumstances that may affect eligibility for Medi-Cal benefits, the county shall promptly redetermine eligibility. The procedures for redetermining Medi-Cal eligibility described in Section 14005.37 apply to all Medi-Cal beneficiaries. On March 19, 2002, Bay Area Legal Aid, Protection & Advocacy and National Senior Citizens Law Center filed a lawsuit (*Craig v Bontá*) against the Department of Health Services (DHS). The lawsuit alleged that terminating the Medi-Cal benefits of any SSI/SSP beneficiary because SSI/SSP cash payment was discontinued by the Social Security Administration is in violation of W & I Code, Section 14005.37.

On May 16, 2002, the San Francisco Superior Court of the State of California ruled that W & I Code, Section 14005.37 applied to all SSI/SSP beneficiaries. On June 24, 2002, the court ordered DHS to cease terminating the Medi-Cal benefits of all discontinued SSI/SSP beneficiaries no later than June 30, 2002, with the exception of deceased or incarcerated beneficiaries.

This letter is specific to those individuals who entered long-term care (LTC) facilities (i.e., intermediate care facilities [ICFs] or skilled nursing facilities [SNFs]).

In accordance with SB 87 and *Craig v. Bontá*, DHS, upon approval by the court, will be implementing procedures to ensure that counties re-evaluate the on-going Medi-Cal eligibility of individuals who are discontinued from SSI/SSP before they are discontinued from the Medi-Cal program. These individuals do not need to reapply for Medi-Cal at the county.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

714 P STREET, ROOM 1692, P.O. Box 942732, SACRAMENTO, CA 94234-7320
 (916) 657-2941

Internet Address: www.dhs.ca.gov

All Long-Term Care Facility Administrators
Page 2
April 17, 2003

Until the court approves the DHS Implementation Plan and procedures, and redeterminations are completed pursuant to those procedures, the LTC beneficiaries will remain eligible for Medi-Cal at **no share-of-cost and receive full-scope benefits**. Facilities are not to presume or "estimate" a share-of-cost. If a nursing facility has collected money based on an "estimated" share-of-cost, it must be immediately returned to the beneficiary.

Craig individuals are currently covered under the full-scope, no share-of-cost aid codes 14, 24, and 64. Full-scope coverage, regardless of aid code, includes ICF and SNF services as long as a treatment authorization request has been approved by DHS.

Counties will receive lists of *Craig* beneficiaries from DHS and will complete their redeterminations on a case-by-case basis. Once the county begins these redeterminations on specific beneficiaries, information notices regarding resource eligibility criteria and spenddown procedures will be mailed to the beneficiaries or their representatives as appropriate.

Evaluations of eligibility, shares-of-cost, or excess property **will not** be retroactive. When the county has completed the redetermination of eligibility, appropriate notices of action will be sent. Adverse actions will be made only after the appropriate 10-day notice.

If you have any questions on the information contained in this letter, please feel free to contact Ms. Sherilyn Walden of my staff at (916) 657-3091.

ORIGINAL SIGNED BY

Beth Fife, Chief
Medi-Cal Eligibility Branch

cc: All County Welfare Directors